

**BUSINESS REPORT**

**MONTANA HOUSE OF REPRESENTATIVES  
61st LEGISLATURE - REGULAR SESSION**

**HOUSE JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN  
SERVICES COMMITTEE**

**Date:** Friday, February 6, 2009

**Time:** 9:00 am

**Place:** Capitol

**Room:** 102

**BILLS and RESOLUTIONS HEARD:**

Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Add Postponed (PP) when appropriate:

HB 2 \_\_\_\_\_  
\_\_\_\_\_

**EXECUTIVE ACTION TAKEN:**

Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Enter P(pass) F(failed) DPAA (do pass as amended) BC(be concurred in) BCAA (be concurred in as amended):

DP 20011<sup>✓</sup>(P) PL 90104<sup>✓</sup>(P) NP 90600<sup>✓</sup>(P) PL 90528<sup>✓</sup>(P)  
NP 90227(P) PL 10002<sup>✓</sup>(P) PL 10018<sup>✓</sup>(P) PL 30002<sup>✓</sup>(P)  
PL 30006<sup>✓</sup>(P) PL 30019(P) PL 30020(P) PL 30025<sup>✓</sup>(P)  
PL 60008<sup>✓</sup>(P) PL 10001(P) PL 11008 w/drew Motion

**COMMENTS:**

Child and Family Services presented requested information.

Teresa K. Henry  
REP. Teresa K. Henry, Chairman

**HOUSE OF REPRESENTATIVES**

## Roll Call

## Health and Human Services

## Joint SUBCOMMITTEE

DATE: 2/6/2009

[illegible]

**AUTHORIZED  
COMMITTEE PROXY**

I request to be excused from the School with Health, Home Science

Committee because of other commitments. I desire to leave my proxy vote with:

Mr. [Signature]

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT                      AYE      NO

DP 20011	✓	
PL 90104	✓	
NP 90600		✓
PL 10001	✓	
PL 90528	✓	
NP 90227	✓	
PL 10002	✓	
PL 10018	✓	
PL 30002	✓	
PL 30006	✓	
PL 30019	✓	
PL 30020		✓
PL 30025	✓	
PL 60008	✓	

BILL/AMENDMENT                      AYE      NO


Rep. [Signature]  
(Signature)

Date 2/6/09

**Montana House of Representatives  
Visitors' Register**

**ASC - HEALTH & HUMAN SERVICES**

**Date** 2/6/09

**Bill Nos.** \_\_\_\_\_ **Sponsor(s)** \_\_\_\_\_

**PLEASE PRINT**

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**PLEASE PRINT**

Name	Representing	Bill No.	Support	Oppose	Info.
<i>Sen DW</i>	<i>del children &amp; fam</i>	<i>2</i>			
<i>Anita Rasmussen</i>	<i>Dir Rts Mont.</i>	<i>2</i>			

**Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.**